

Animal Emergency & Referral Associates

1237 Bloomfield Avenue, Fairfield, NJ 07004; 973-226-3282 or 973-788-0500

Fax #: 973-364-0004 Attn: Dr. Emily Levine

If faxing form: Please include your last name and your pet's name on each page.

Feline Behavioral History

Please answer the following questions and send this form (mail/fax) back to us. If the problem is house-soiling, please be sure to include a floor plan of your house. It is vital that we receive this information sheet back no later than 2 days prior to your scheduled appointment. If we do not receive it, your appointment will be rescheduled. Specific questions about the problem behavior(s) will be asked during your visit/telephone call.

General Information

Today's Date: _____

Your Name: _____

Address: _____

Your Cat's Name: _____ Breed: _____

Date of Birth/Age: _____ Sex: M F (Circle One) Neutered/Spayed? _____

Home phone: _____ Work/Day phone: _____

Your email address (if available): _____

Who is your regular veterinarian?

Dr. _____ at _____

Clinic Phone: _____

What is the one main behavior problem or complaint for which you are scheduling the behavior appointment? *(This is the problem that Dr. Levine will focus on during the behavior consult and for which follow-ups are included.)*

Please list any additional problems: *(Sometimes these other problems may be related to the main problem and are important for Dr. Levine to be aware of. If the other problems turn out to be unrelated to the main problem they may not be addressed during the consult due to time constraints. Should you wish to pursue diagnostics and treatment for these other problems, a separate fee may apply.)*

Last Name: _____ **Pet's Name:** _____

How frequently does the problem (or problems) occur (how many times daily, weekly or monthly)?

a. Main Problem:
Frequency:

Chronology of the Behavior Problem

When did you first notice the main problem (age of cat)?

When did it first become a serious concern?

In what general circumstances does the cat misbehave?

Has this problem changed in frequency? (please describe)

Has this problem changed in intensity? (please describe)

Has this problem otherwise changed?

Last Name: _____ **Pet's Name:** _____

Describe several examples in detail:

1. Most recent incident: (Date: _____)

2. Second to last incident: (Date: _____)

3. Third to last incident: (Date: _____)

Other significant incidents:

What have you done so far to try to correct the problem?

How do you discipline your cat for this and for other misbehavior?

Elimination Behavior

Does your cat use a litter pan? (Circle one) No Yes

If yes, how did you litter train your cat?

Does your cat ever eliminate outside the litter pan? (Circle one) No Yes

If yes, does your cat urinate or defecate outside the litter pan? _____

How many litter pans do you currently use in the house? _____

Where are they located? (please be specific)

What kind of litter pans do you use? (please indicate number and age of each pan)

_____ commercial litter pan (size: _____)
_____ commercial litter pan with removable "lip"

Last Name: _____ Pet's Name: _____

- _____ covered box, "cave"-type front door
- _____ covered box, "Booda"-type (cat crawls into hole)
- _____ dishpan
- _____ cardboard box
- _____ other (please describe)

Do you use a liner? (Circle one) No Yes
If yes, what type? (e.g. plastic, newspaper)

What kind of litter is used? (please be specific)

Have you recently changed brands? (Circle one) No Yes

How often is litter scooped? _____

How often is litter replaced? _____

How do you clean the box(es), and how often (please be specific)?

Does your cat cover urine and feces in the box?

Home Environment

Please list the people, including yourself, living in your household.
Please include ages of children:

	Person 1	Person 2	Person 3	Person 4
Name:				
Age:				
Hours Away From Home:				

Please list all animals in the household including patient in the order in which they were obtained.

	Pet 1	Pet 2	Pet 3	Pet 4
Name:				
Species:				

Last Name: _____ Pet's Name: _____

Breed:				
Sex:				
Neutered/Spayed?:				
Age When Obtained:				
Age Now:				

What is your cat's relationship to the other animals in the house (e.g. friendly, hostile, fearful)? (please describe)

What type of area do you live in? (Circle one) City/Town Suburbs Rural

What type of house do you live in? (please describe)

Have you moved since acquiring your cat ? (Circle one) No Yes

If yes, how many times? _____

Has your household changed since acquiring your cat ? (Circle one) No Yes

If yes, please describe:

Cat's Background

Why did you decide to get a cat?

Why did you choose this breed?

Have you owned cats before? (Circle one) No Yes

How old was the cat when acquired? _____

Last Name: _____ **Pet's Name:** _____

Where did you get this cat? (Circle one)

Shelter Breeder - newspaper Friend ad/flyer
Pet store Breeder - referral Stray Other: _____

If known: how many littermates? males _____ females _____

How many animals were available when choosing your pet? _____

Why did you choose this cat over the others? (please be specific):

Describe your cat's behavior as a kitten:

Has this cat had other owners? (Circle one) No Yes

If yes, how many? _____

Why was the cat given up?

Diet and Feeding

What do you feed your cat? (please be specific) _____

Has your cat's appetite (increased, decreased, no change)? _____

How much do you feed your cat? (please be specific) _____

What are your cat's meal times? _____

Last Name: _____ **Pet's Name:** _____

Who feeds the cat? _____

Where is the cat fed? _____

What is your cat's favorite treat? _____

Daily Schedule

How do you play with your cat?

Does your cat go outdoors? (Circle one) No Yes

Is your cat supervised when outdoors? (Circle one) No Yes

How does your cat signal to go outside?

Does your cat use a pet door? (Circle one) No Yes

Is your cat harness/leash trained? (Circle one) No Yes

What percentage of time does your cat spend outdoors and indoors?

_____ % outdoors _____ % indoors

Social Behavior

Where does your cat sleep at night? (please be specific)

Have there been any recent changes in your cat's sleeping habits?

Where is your cat when you have guests?

Last Name: _____ **Pet's Name:** _____

How does your cat behave with adult visitors?

How does your cat behave with visiting children?

How does your cat behave with the veterinarian?

Where is your cat when alone in the house?

How does your cat behave when you return?

How does your cat respond to cats seen out of the window or in the yard?

When does your cat meow?

When does your cat hiss or growl?

What toys does your cat have?

Does your cat carry toys/objects or "mother" other animals? (Circle one) No Yes

What is your cat's activity level in general? (Circle one):

Low Average High Excessive

How would you describe your cat's personality?

Sexual Behavior

Last Name: _____ Pet's Name: _____

At what age was your cat neutered/spayed? _____
Why was this done?

Were there any behavior changes after neutering/spaying? (Circle one) No Yes
If yes, please describe:

Does your cat mount other cats? (Circle one) No Yes

Does your cat mount other animals? (Circle one) No Yes

Does your cat mount other people? (Circle one) No Yes

If your cat is "intact" has he/she ever been bred? (Circle one) No Yes

If you have a female, was she a good mother? (Circle one) No Yes

Are you planning to breed? (Circle one) No Yes Unsure

Grooming

Does your cat groom, lick or bite himself excessively? (Circle one) No Yes

Does the cat's skin ripple? (Circle one) No Yes

Is your cat declawed? (Circle one) No Yes

If yes, (Circle one) Front Only All Four

What was the immediate aftercare? (e.g. shred newspaper into the litter pan)

Did your cat use this litter? (Circle one) No Yes

Did the paws become infected after the surgery? (Circle one) No Yes

Does your cat use a scratching post or favorite scratching area? (Circle one) No Yes
If yes, please describe:

Medical History

Last Name: _____ Pet's Name: _____

Is your cat on any medication now, for this or other problems?

Has your cat been on medication in the past?

Date of most recent rabies vaccination: _____ (1 year, 3 year)

Where are you on a scale of 1 to 5? (Circle One)

1. I am here only out of curiosity - problem is not serious.
2. I would like to change the problem, but it is not serious.
3. The problem is serious and I would like to change it, but if it remains unchanged that's all right.
4. The problem is very serious and I would like to change it, but if it remains unchanged I will keep my cat.
5. The problem is very serious and I would like to change it; if it remains unchanged I will have my cat euthanized or give him/her up.

Remember: If HOUSE-SOILING is your main complaint, don't forget to draw a rough sketch of the floor plans of your house and attach to this history form.

Important Information you need to read through:

Behavior problems may be treated with a combination of the following:

1. Behavior modification exercises
 2. Environmental management
 3. Pharmacological agents
 4. Ancillary treatments such as pheromone therapy, massage, etc.
- Dr. Levine will decide which treatments are most appropriate for your pet based on the details obtained in the behavioral history form and the behavioral interview.

Your initial consultation includes:

1. Behavioral evaluation
2. Assessment/diagnosis
3. Physical exam (when indicated)
4. Treatment plan
5. Demonstration of behavior modification techniques

Last Name: _____ Pet's Name: _____

The cost of the initial evaluation is based on the time required to analyze your pet's behavior problem and describe the treatment plan. Fees cover the time invested by Dr. Levine and her staff. The hourly fee for dogs, cats, and birds is \$190.00/hour with a 2 hour minimum (\$380.00). You may schedule up to two 30 minute telephone follow-ups, at no additional cost, within 8 weeks of the date of the initial consult. These follow-ups are intended to deal with the primary problem discussed during the original consult.

***Please note that should your initial consult go over 2 hours, or the subsequent telephone rechecks go over the 30 minutes, there will be an additional fee at the rate of \$190.00 per hour.**

*****the majority of initial consults are completed within the 2 hour time frame. They generally go over only if you decide to discuss multiple problems.***

Signature: _____ Date: _____

Print Name: _____

***** (End of form - thank you!) *****